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6-24-84

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 29060294

FILING DATE _____

APPLICANT(S) _____

122 CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | | | | | | |
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| TOTAL DEP. | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | |

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| <div style="display: flex; justify-content: space-between;"> 6-2404 <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> </div> | | | | | | | SERIAL NO. 09060294 | | FILING DATE | | | | |
|---|----------|------|------------------------|------|------------------------|------|--|------|-------------|------|------|------|------|
| APPLICANT(S) | | | | | | | | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | * | |
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| TOTAL IND. | | | | | | | 100 | | | | | | |
| TOTAL DEP. | | | | | | | TOTAL IND. | | | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL DEP. | | | | | | |
| | | | | | | | TOTAL CLAIMS | | | | | | |